



## 2004/2005 Used Oil Recycling Block Grant Application (10<sup>th</sup> Cycle)

Application Due Date: Received no later than June 1, 2004, 4:00 p.m.

Mail To: California Integrated Waste Management Board, Attention: Grants Administration Unit MS10;  
BG (10<sup>th</sup> Cycle) for FY 2004/2005; 1001 I Street, P.O. Box 4025, Sacramento, CA 95812-4025

**Applicant:** (If a regional program, list lead agency first and add/cross out jurisdictions that have changed status)

Estimated Total Grant Amount: \$

**Address:**

**New Address:** (If changed)

**Primary Contact:**

**New Primary Contact:** (If changed)

\_\_\_\_\_  
Printed Name of Primary Contact

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Primary Contact

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Fax: \_\_\_\_\_

**Signature Authority:**

**New Signature Authority:** (If changed)

\_\_\_\_\_  
Printed Name of Signature Authority

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Signature Authority

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Fax: \_\_\_\_\_

**Consultant:** (If applicable)

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Fax: \_\_\_\_\_

**New Consultant:** (If applicable and/or changed)

\_\_\_\_\_  
Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Fax: \_\_\_\_\_

**Co-Operative Project:** (If applicable)

Percentage (%) or Flat Amount to Lead Agency: \_\_\_\_\_

Lead Agency: \_\_\_\_\_

**Reimbursement Option:** For Grantees receiving \$20,000 or less, the option for reimbursement payment is available. This eliminates the interest-tracking requirement for advanced payment.

☐ Elect the reimbursement option

**Proposed BG10 Grant Project Summary:** (Briefly describe your proposed used oil and filter program.)

**Grant Spending Projections:** (Check all activities that apply to your proposed program and note the percentage of total grant funds you expect to spend in the eight major categories)

**Permanent Collection Facility** **Percentage of Grant Amount** \_\_\_\_\_ %

- Non-Certified Collection Centers ☐ Certified Collection Centers ☐ Certified Center Hauling/Recycling
- ☐ HHW Permanent Facility Hauling ☐ Small Quantity Generators ☐ Filter Collection
- ☐ Agricultural Collection ☐ Airport Project ☐ Marina Project ☐ Other \_\_\_\_\_

**Temporary or Mobile Collection** **Percentage of Grant Amount** \_\_\_\_\_ %

- ☐ Hauling/Recycling ☐ Temporary Events ☐ Filter Collection ☐ Small Quantity Generators ☐ Agricultural Collection ☐ Other \_\_\_\_\_

**Residential Collection** **Percentage of Grant Amount** \_\_\_\_\_ %

- ☐ Hauling/Recycling ☐ Curbside Collection ☐ Door-to-door Collection ☐ Other \_\_\_\_\_

**Publicity and Education** **Percentage of Grant Amount** \_\_\_\_\_ %

- ☐ Public Education ☐ School Education ☐ Special Events ☐ Newsletter ☐ Small Business
- ☐ Target Audience: \_\_\_\_\_ ☐ Language if other than English: (circle all that apply) Spanish  
Mandarin Vietnamese Other: \_\_\_\_\_ ☐ Community Based Social Marketing
- ☐ Transit Ads ☐ Brochure ☐ Video ☐ Television ☐ Newspaper ☐ Direct Mail ☐ Utility Insert ☐ Radio
- ☐ Containers ☐ Other Premiums ☐ Other \_\_\_\_\_

**Stormwater Mitigation Program** **Percentage of Grant Amount** \_\_\_\_\_ %

- ☐ Stormwater Mitigation ☐ Supplies and Materials ☐ Publicity & Education ☐ Personnel ☐ Other \_\_\_\_\_

**Load Checking** **Percentage of Grant Amount** \_\_\_\_\_ %

- ☐ Load Checking ☐ Other \_\_\_\_\_

**Personnel/Other** **Percentage of Grant Amount** \_\_\_\_\_ %

- ☐ Personnel ☐ Other \_\_\_\_\_

**Co-Operative Project** **Percentage of Grant Amount** \_\_\_\_\_ %

**Grand Total** \_\_\_\_\_ **100** %

**Certification**

I declare, under penalty of perjury, that all information submitted for the California Integrated Waste Management Board's consideration for allocation of grant funds is true and accurate to the best of my acknowledge and belief.

Authorized Signatory

Title

Date